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Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (Healthcare Clinicians, Scientists and Administrators). Corpsmen and Dental Technician designators are identified in front of their names.

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Headline: Empowerment, cooperation guide TRICARE success
By Douglas J. Gillert
American Forces Press Service

SAN DIEGO – Rear Admiral Alberto Diaz, MC, inherited a tight ship -- a well-oiled and working TRICARE program that often serves as a beacon for less mature programs across the nation. And, as any smart captain of a ship under sail in smooth waters, he does everything he can to keep the boat from rocking.
Like any ship captain, Diaz relies on an able crew, which he has, he said. And on a simple leadership concept: empowerment. "We empower our people," the senior medical officer, or lead agent, for TRICARE Southern California said. "In return, we get a lot of creative ideas and 'out-of-the-box' thinking. We also let everyone know it's OK to make mistakes. If you try something and it doesn't work, you learn from that, too."
So there's a real attitude of "let's try this and see if it works," agreed CAPT Kristine Minnick, MC, Diaz's "first mate" as director of TRICARE Southern California operations.

She credited VADM Richard Nelson, MC, Diaz's predecessor and now the Navy surgeon general, with charting the initial course. "Admiral Nelson's mandate was 'We're in this together,'" Minnick said. And that means all the components of TRICARE -- lead agent's office, treatment facilities, prime contractor and the civilian provider network -- have to work in unison, she said.

And they do. "Coordination and cooperation here is legend in TRICARE," Minnick said. Every component shares in the decision process, with the managed care support contractor, Foundation Health Federal Service Inc., having a vote on every steering committee and council. Collectively, TRICARE Southern California components have forged a plan that puts quality health care delivery at a premium by improving access to care, controlling costs and emphasizing patient satisfaction.

"Quality of health care never was an issue. It was always here. But access became an issue because of downsizing here and throughout DoD," she said. Forced to reduce staff and close or cut clinical services, the defense medical department was no longer able to deliver the same level of care everywhere.

"TRICARE evens out the benefit," Minnick said.

To improve access and at the same time keep costs down, TRICARE Southern California set about achieving maximum enrollment in the plan's managed care benefit, TRICARE Prime, within military medical facilities. Fully 73 percent of beneficiaries eligible for care at the San Diego Naval Medical Center get their Prime care there, she said. The others receive care through a supplemental network of civilian physicians who fall under the managed care support contract held by Foundation.

The numbers slant more toward Foundation in Los Angeles, where military facilities are limited and long drive times make it easier to get to a civilian doctor, she said. Foundation covers the region with a robust network of 4,900 primary care physicians and 11,000 specialists, she said.

Satisfaction surveys supposedly mirror accessibility and paint a rosy picture in Southern California, Minnick said. The region also examines access issues with a computer database "to make sure," however.

A major area of concern, she said, is service members assigned to remote areas. A Prime remote benefit being tested in TRICARE Northwest (Washington, Oregon and Idaho) will be exported to Southern California in fiscal 2000 and should solve any problems, Minnick said.

"It's the kind of program we want across the country, so our active duty enrollees have the same benefit no matter where they're assigned," she said.

Although quality care has always been a reality here, according to Diaz, Minnick and others, TRICARE Southern California continues to explore new, innovative methods of health care delivery. In the area of disease management, for example, a telemedicine initiative that delivers home health care to pediatric asthma patients has decreased emergency room

visits and provided higher satisfaction among both patients and physicians.

Foundation proposed and engineered the pediatric asthma plan that Peter McLaughlin, vice president for TRICARE operations in California, said could be adapted for other diseases and Minnick called a model of performance for other TRICARE programs.

One thing the TRICARE leaders here didn't want to do was hamper quality with necessary cost-cutting programs. So far, they've had good success in meeting Military Health System cost constraints, Minnick said. Rolling more care into existing military medical facilities has saved the region more than $62 million, based on estimates using cost data under the old CHAMPUS program.

To further enhance use of the military facilities, the lead agent and Foundation established a resource-sharing program, whereby Foundation places medical staff, equipment and supplies inside military facilities, saving overhead costs.

"The Defense Department spends $900 million a year for delivery of the entire health plan in this region," said Navy Lt. Richard Haupt, public affairs officer for TRICARE Southern California. "About two-thirds of that care is delivered inside military facilities, and we've built incentives into the Foundation contract to optimize military treatment facility utilization, because the infrastructure is already there."

TRICARE Southern California has 78 resource-sharing agreements in effect, with dozens more in the pipeline, McLaughlin said.

The next gauge of the region's ability to keep costs down and satisfaction up will come next year, when the region undergoes a careful scrutiny by CNA Corp. and the Institute for Defense Analyses. The Military Health System's annual report to Congress reflected what the analyses found in TRICARE Northwest and will look at Southern California and eventually all regions, Minnick said. "It's a critical document," she said, that showed in the northwest that TRICARE is delivering on its promises to maintain quality care and maintain or reduce costs.

But the game isn't over. "We haven't finished with TRICARE, yet," Diaz said. "For example, folks back east aren't as familiar with managed care as those on the West Coast. We have to better market that everywhere, and not just to our patients but to our providers, especially new ones coming into the program."

Diaz said the system also needs to become more uniform across the country, improve enrollment ease and become more transportable from region to region.

"All these issues are being addressed but will take time," he said.

In the wave of negative publicity about managed care in general, Diaz contends that TRICARE is different.

"We're not only providing better medical care, but we're managing your care over managing health prices," he said. "The upside of that is that care comes first, but at the same time

we're keeping costs down."
Diaz also said requiring patients to go through a primary care manager doesn't hinder quality care.
"When you go see a primary care manager, you're seeing a generalist who focuses on your whole health and can give you better overall treatment," he said. "As an example, more cases of depression are handled by primary care managers than by mental health practitioners."
TRICARE operations' McLaughlin, who said he knows the ins and outs of just about every health care plan available, echoed Diaz's sentiments.
"TRICARE has probably the best benefit structure of any health plan in the country," he said.
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Headline: Conference provides latest medical information
By Cynthia Fleming, Naval Ambulatory Care Center, Newport

NEWPORT, R.I. – Independent Duty Corpsmen are known for being resourceful, and two IDCs in the New England area recently showed their resourcefulness by planning a local IDC training conference to replace the cancelled Navy-wide conference.
After cancellation of the annual Navy-wide IDC conference because of budget constraints, Chief Hospital Corpsmen (SS) Charles Burbank and (SW) Gregg McKay thought of a way to obtain the continuing medical education credits the training would provide. Working with the Naval Ambulatory Care Center, the two put together a three-day regional conference offering 16 different topics that ranged from evaluating acute abdominal pain to training in shipboard automated medical systems.
A total of twenty-eight IDCs, who came from New England, Maryland and Virginia, attended the conference. They received about 18 hours of continuing education credit at approximately the same cost as sending one IDC from the region to a Navy-wide conference, according to the two enterprising chief hospital corpsmen.
Although the localized version of the conference aided the IDCs in gaining more continuing medical education credits; their customers will also gain from the training.
The class on Common Gynecological Problems and Treatment, given by CAPT Robert T. Dufort, MC, head of gynocology at Naval Ambulatory Care Center, Groton, helps IDCs in today’s Navy where women serve both ashore and at sea. Dufort said that the gynecological training he was conducting was designed for IDCs onboard ships and in remote locations. His course identified common conditions in young women that IDCs might not have sufficient training to recognize.
In addition to the course material, Dufort conducted a workshop that taught when a pelvic exam should be performed and just as importantly, when performing an exam might place the patient at increased risk, such as when an ectopic pregnancy exists.
In the workshop, IDCs were taught how to perform an exam in manner that was both clinically informative and mindful of the

person’s dignity.
CAPT Charles M. Collins, MC, of Naval Ambulatory Care Center, Newport taught a class on eye trauma and eye examinations based on shipboard equipment and medications. He addressed commonly encountered shipboard eye problems such as foreign bodies in the eye, corneal abrasions, chemicals in the eye and eye infection caused by contact lenses. He also demonstrated a technique for inverting the eyelid for better examinations, the correct manner for patching an eye and how to use an opthalmoscope for basic refraction when testing visual acuity.

So, when these IDCs return to their commands, with the latest information about gynecological exams, eye trauma, evaluation of scrotal masses, interpreting basic x-rays, performing orthopedic, neurological and diving injury examinations, among other instruction, they will give their customers the best service possible.

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Headline: Recruit surge tests Great Lakes readiness
By LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- Summer, a season for change in the military as transfers send Sailors and their families around the globe, also means change for Naval Training Center Great Lakes. Lines of marching recruits slogging through winter snow disappear and are replaced by 20,000 new recruits in the annual summer recruit surge that occurs from July through October.
To be ready to handle this influx, the staff at Naval Hospital Great Lakes and its branch clinics began preparations at the beginning of the year. It is a time at the training center when 40 percent of a year’s recruits arrive during four months.
Naval Hospital Great Lakes begins soliciting medical support from other commands through the Bureau of Medicine and Surgery, Washington, D.C., the Personnel Command, Millington, Tenn., and Commander Naval Reserve Forces. Even contacts with Reserve Fleet Hospital-9 and Army Reserves are undertaken to bring aboard help for this crucial period at Great Lakes.
"During the busiest times of the recruit surge, we see upwards of 20,000 patient visits per month. Our staffing is not set up to handle that load,” said LCDR Steve Winter, MSC, head of USS Tranquillity Medical Clinic. “That is why we request support.”
Part of the impetus for the sudden increase is the highly competitive recruiting process. High school graduation occurs at the beginning of summer and the new graduates are ready to go right then. Recruiters must compete with the other services for enlistees and often the service that can enroll a high-school graduate into boot camp immediately is the service that gets that recruit.
Now that the summer surge time is near, the branch clinics at Great Lakes are ready.

"USS Red Rover Branch Medical Clinic, fully manned, can process 360 recruits per day," said Hospital Corpsman Second

Class William Ramsey, the Leading Petty Officer at the recruit medical processing clinic. " We use Smart-Card technology and every recruit is issued a card that encodes medical, dental and immunization information. This has streamlined our flow of recruits, therefore allowing us to medically process more recruits per hour."

Processing recruits is only one part of the recruit surge. Senior hospital corpsmen are present during training evolutions such as fire fighting and during physical readiness training. During graduation week, a Recruit Division Commander wakes up the division at 0030 to begin a six-hour course called Battle Stations. This course judges recruits on team-work, water survival, firing weapons with a gas mask and scaling obstacle courses, among other tasks. Chief petty officers motivate the teams to get through and typically a senior hospital corpsman is present to ensure everything is done safely.

The surge flows through Recruit Training Command and after the recruits graduate and become Sailors, the influx continues through Service School Command. The recruit surge ends in October and Great Lakes then takes time to evaluate lessons learned and improve on a process that has been going on since 1911. More than 3,000,000 Sailors have graduated in the command's 88-year history, and Navy Medicine has been part of that process, ready to serve.

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Headline: Bremerton earns governor’s commuter award

By Judith Robinson, Naval Hospital Bremerton

BREMERTON, Wash. -- Naval Hospital Bremerton was the only military facility that was part of an elite Washington state group presented the Governor's Commute Smart Award for 1999 at ceremonies in Olympia June 8.

Governor Gary Locke presented the award to CAPT Gregg Parker, MSC, hospital commanding officer, and LT Craig Spray, MSC, head, Facilities Management Dept.

Thirty seven companies throughout the state, which implemented the Commute Trip Reduction program, received the award that recognizes outstanding contributions promoting regional mobility, protecting natural resources and preserving a high quality of life for state residents.

The award, which began last year, is about how organizations encourage innovative ways to get to work.

The Naval Hospital displayed that leadership by responding to its complex parking and transportation needs, which include overlapping shift workers and a constant flow of patients, with careful planning and creativity, according to Spray.

Initiatives included promoting car pooling by providing designated up-close parking for car pool vehicles, promoting running and walking as part of the Navy's required physical fitness program, use of compressed work weeks, telecommuting, providing covered bicycle lockers and locker rooms and showers for commuters.

"If we qualified for the award this year, just wait until next year," Spray said, referring to the many initiatives being designed for alternate means of commuting.
"We expect to lose 170 parking places during the 12 to 15 months of construction, and none of those will be patient parking," said Parker. "So we are looking at more innovative ways to reduce commute trips by our staff in the near term and inspire good commuting habits for the long term."
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Headline: Colorado biomedical technicians move to Texas
From: Naval School of Health Sciences

SAN DIEGO – The Naval School of Health Sciences, San Diego closed the doors on its Aurora, Col., Biomedical Equipment Repair Technician detachment May 21 and transferred its functions to its detachment at Sheppard Air Force Base, Witchita Falls, Texas.
The detachment, which had trained more than 25,000 students, will become part of the Department of Defense triservice Biomedical Engineering and Education course at Sheppard.
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Headline: The Navy brings back the Bowl
By JO3 Stacie Rose, Navy Compass Staff Writer

SAN DIEGO -- “I’ll take Lyme Disease for ten points, please.” “What are fraternal twins?” “What is…TRICARE Senior Prime?”
These are questions and responses you’ve never heard on any other game show before, but the participants of the 1999 James Bass Challenge Bowl competition were on top of every one of them.
The Challenge Bowl, which got its start in 1986, is an annual competition between teams of pediatricians from the Navy, Army and Air Force. It’s held annually at the Uniformed Services Pediatric Seminar that was located in Norfolk, Va., this year.
Every year, the winning team captain has the privilege of taking the Bowl back to their command to display, and this is the first year since 1993 that it’s been in the hands of the Navy.
CDR Brad Poss, MC, assistant chairman of Pediatrics and director of the Pediatric Intensive Care Unit here, was this year’s Navy team captain.
“There was tough competition this year, but the Navy kept a commanding lead throughout the game,” he said.
Poss, who was teamed with LCDRs Greg Blaschke, MC, of Boston Children’s Hospital, Adam Hartman, MC, of Naval Hospital Yokosuka, Japan and LT Anthony Delgado, MC, of National Naval Medical Center, Bethesda, Md., said every service was represented by large flag waving cheering sections.
“There was definitely service rivalry going on,” Poss said, “But it was all in good fun.”
Questions in the contest ranged from Pediatrics to

TRICARE to current events. Once the Navy team had the lead, they didn't let it go.

This was Poss' first year competing, and he hopes it's not his last. Next year's Challenge Bowl takes place in Hawaii.

If Poss gets chosen to lead his team to victory again, how will he prepare?

"The questions in the game involve subjects we come across at work from day to day," he said. "I'll go into it next year like I did this year. I'll have fun, and not take it too seriously."

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Headline: Anthrax question and answer

Question: The manufacturing facility BioPort is currently undergoing renovations. Is this due to any findings made by the inspections by the Food and Drug Administration?

Answer: No. All renovations that are currently being made to the production line at BioPort were planned several years ago to maintain regulatory compliance. There are also plans for expansion to the existing facility, which when complete in FY04, will enable BioPort to double it's current annual production.

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Headline: TRICARE question and answer

Question: If I have a grievance for services rendered under the TRICARE program, whom can I contact?

Answer: Any grievance should be reported to the MTF commander or Lead Agent. Generally, the regional managed care support contractor will be responsible for grievances for services rendered by civilian network providers under the TRICARE program. Contact the nearest TRICARE Service Center for more information.

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Headline: The unbearable itch of eczema

By Tanya Brown, Bureau of Medicine and Surgery

WASHINGTON -- Generally, a trip to the doctor and a prescription for a topical skin creme can bring relief to any minor skin irritation, unless you are part of the small percentage of the U.S. population that has eczema.

Eczema, also known as Atopic Dermatitis, is a disease that causes dry, itchy and inflamed skin. This disease, according to the American Academy of Dermatology, affects ten percent of infants and three percent of the overall population.

Based on a report by the National Eczema Association, atopic is a term used to describe the allergic conditions of asthma and hay fever. Eczema is included in that category because it often affects people who suffer from asthma or hay fever, also known as allergic rhinitis.

"This disease tends to run in families," said Holly Pence of the National Eczema Association. Pence said that a report from the association determined that a child with one

parent who has an atopic or allergic condition, such as asthma or hay fever, has a one in four chance of having some form of atopic disease. If both parents are atopic, the child has a one in two chance.

In children, the disease develops within the first five years. It begins with red rash that may develop on the cheeks, neck or arms. The rash causes severe itching, bumps and sometimes oozing sores. The more the rash is scratched the worse it becomes. Eventually, the skin may become scaly, crusty and thickened.

Some children may outgrow the disease, but it's not guaranteed. "There is a fifty-fifty chance," said Pence. He added, "it's difficult to determine when or if a child will outgrow the disease, because there is no known cause for it." Doctors suspect that it is partly due to heredity and the environment.

Oftentimes, people with eczema also have asthma or other allergic reactions to the environment. Although these atopic disorders don't cause eczema, they can cause the disease to flare up and become unbearable, according to the report. Food allergies, pollen and other airborne allergens can trigger a flare up.

The winter season is also difficult with the dry air from the indoor heat. Keeping the thermostat low and using an ointment or cream-based moisturizer will help ease the uncomfortably dry skin. During humid temperatures, increased sweating can irritate the rash, causing it to itch. Wearing light clothing and staying inside during humid temperatures can reduce the risk of a flare up.

Eczema isn't curable, but is can be controlled. "Use prescribed medication, set up a skin care regiment with proper moisturizers and pay attention to your surroundings," said Pence.

For more information about Eczema, contact your local military treatment facility or the National Eczema Association at 1-800-818-7546. You can also visit their website at www.eczema-assn.org.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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